

Changing Directions in the Training of Health Professionals

A new national policy for health professions training was announced by HEW Secretary Joseph A. Califano, Jr., in a major address at the annual meeting of the Association of American Medical Colleges on October 24, 1978. He called for a redirection of efforts by the Federal Government and other concerned parties to train the number and kind of practitioners needed by society in the future.

The program of Federal support for health manpower training, initiated in the early 1960s to alleviate growing shortages of physicians and other health practitioners, has "succeeded all too well," he said. Stimulated by Federal funds, U.S. health training facilities have undergone unprecedented expansion, and output has reached the point where the nation faces an oversupply of physicians in the next decade. "Unless we change direction we will seriously aggravate the oversupply by the end of this century," he warned.

The Secretary's conclusions were based largely on a recent study, "A Report to the President and Congress on the Status of Health Professions Personnel in the United States," which was produced at the request of Congress by the Bureau of Health Manpower's Division of Manpower Analysis. The report's main findings are presented in the

article, "Health Manpower for the Nation—A Look Ahead at the Supply and the Requirements," which begins on page 3 of this issue. The supply of active physicians is projected to rise from 379,000 in 1975 to 594,000 in 1990, a 57 percent increase, while the U.S. population is expected to grow less than half as fast. As a result we could have 242 physicians for every 100,000 people in 1990, a one-third higher ratio than currently. At the same time, the number of physicians required, according to the report, could range up to 571,000 depending on a number of factors. The requirements could be as low as 448,000 in 1990, according to the Secretary. This means we could have a physician surplus ranging from a small excess of 23,000 to a large excess of 146,000. The chief effect of an oversupply of physicians could be dramatically rising costs.

The Secretary was careful to make clear that he was speaking of a possible national surplus of physicians in a future year. Despite an overall surplus, shortages of physicians are bound to persist in many geographic areas. There also may be continuing shortages of certain types of physicians, such as family practitioners.

To address the problem of a possible physician surplus, the Secretary proposed realigning Federal incentives. Incentives that aggravate the danger of oversupply will be scaled

down. Emphasis will be placed on programs that will assist in dealing with the inequitable geographic distribution of health personnel and the lack of primary care practitioners. HEW will no longer discourage schools from reducing enrollment. Formation of new medical schools will not be encouraged "except under the most compelling circumstances."

The Secretary urged medical schools to take a more active role in making physicians responsive to demographic, social, and economic changes. In view of the growing proportion of aged in the population, he suggested that a geriatric rotation, similar to a pediatric rotation, become part of every physician's training. He also suggested that medical education include training in prevention and the economics of health care.

The Secretary's speech, delivered while the Department is drafting proposals for the health professions legislation scheduled to expire in fiscal year 1980, has sparked a thorough re-examination of the entire field of health manpower training. This discussion will undoubtedly be illuminated by the articles on health manpower in this issue of *Public Health Reports*.

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